

| POSITION                  | INITIALS   | ID NO.      | DATE           |
|---------------------------|------------|-------------|----------------|
| FEE DETERMINATION         | <i>Phr</i> | <i>6780</i> | <i>6/29/00</i> |
| O.I.P.E. CLASSIFIER       |            | <i>49</i>   | <i>6/30/00</i> |
| FORMALITY REVIEW          |            | <i>6780</i> | <i>8-17-00</i> |
| RESPONSE FORMALITY REVIEW |            |             |                |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date      |
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| Final    |           |
| Original |           |
| 1        | ✓ 6/29/00 |
| 2        | ✓ 6/29/00 |
| 3        | ✓ 6/29/00 |
| 4        | ✓ 6/29/00 |
| 5        | ✓ 6/29/00 |
| 6        | ✓ 6/29/00 |
| 7        | ✓ 6/29/00 |
| 8        | ✓ 6/29/00 |
| 9        | ✓ 6/29/00 |
| 10       | ✓ 6/29/00 |
| 11       | ✓ 6/29/00 |
| 12       | ✓ 6/29/00 |
| 13       | ✓ 6/29/00 |
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| Claim    | Date |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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